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ABSTRACT

Presented is the report of the Region 9 (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, Rhode Island, and Vermont) invitational caucus of the Council for Exceptional Children's Division on Children with Learning Disabilities which met in March of 1976. Focused on is the process for identifying children with learning disabilities through the sharing of information from each state. Provided for each state is the following information: update of state statistics on incidence of handicapped and learning disabled children, a synopsis of the state definition of learning disabilities, a synopsis of the state's process of identification of learning disabled children, a synopsis of state concerns, and a list of items distributed to the task force participants. Presented in chart form is a synopsis of states' definitions and the concerns expressed by task force members. (DB)

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Region 9 Task Force on Learning Disabilities

Summary of Proceedings
March 24-25, 1976

Compiled by:

Northeast Regional Resource Center

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INTRODUCTION

The Region 9 Task Force on Learning Disabilities convened for its initial meeting on March 24 and 25, 1976 in Hartford, Connecticut. Mr. Robert Margolin of the Connecticut Bureau of Pupil Personnel Services and Special Education, began the meeting with a very warm welcome and introduction.

Mr. Margolin stated that he initially raised the issue of learning disabilities at the Spring 1975 Learning Resource System Advisory Board meeting with the hopes that Connecticut was not the only state concerned with the problems relative to the area of learning disabilities. Mr. Margolin raised the issue so that a consortium effort would be made to look at learning disabilities and determine ways in which we could all profit in Region 9. Obviously there are many political and other overtures related to such a task. However, it was anticipated that this would be the beginning of many cooperative activities.

Mr. Margolin stated that the concern grew out of the confusion regarding the definition of learning disabilities which seems to be resulting in a disapproportionate amount of children labled as learning disabled. "Who is the L.D. Child, and when is the child eligible for services? In a categorical system, how is this problem solved?" Mr. Margolin summarized by saying that, in his estimation, the problem was definitional.

Mr. William Cashman, Director of the Northeast Regional Resource Center, (NERRC) gave an introduction which included a reiteration of the general purposes of the Task Force. Mr. Cashman reminded Task Force participants that the original goal was to develop a position paper relative to learning disabilities. As stated previously, the problem to be addressed deals with the process for identifying youngsters with learning disabilities. As an initial step in reaching its goal, the Task Force will: (1) share information regarding their states process of identifying children, (2) share concerns on a state by state basis and (3) discuss regional concerns.

The Task Force is charged with sharing information, positions and recommendations with their respective SEAs. Mr. Cashman explained that any product would first be submitted to the Region 9 Learning Resource System Advisory Board. The Advisory Board members would in turn submit the product to their State Directors for approval. If all goes well, the document would then be sent to BEH and any other agency/person that the Task Force deems appropriate.

Mr. Cashman elaborated the historical background of this learning disabilities issue. He noted that although the issue was raised by the State of Connecticut, it is viewed as a regional concern. Although the problem can be viewed as one of definition, there are other aspects of the problem that should be considered such as were stated in the memo dated 2/16/76 which was sent to Task Force Members.

"Specificially, the problem to be addressed deals with the process for identifying youngsters with learning disabilities. Components of the problem may deal with reviewing operational definitions; ascertaining whether there is a need for a definition; investigating potential overloading of the category of learning disabilities and possible fragmenting of services."

Mr. Cashman ended by stating that the Task Force would ultimately develop a position(s) and were not bound to stay within one segment of the problem.

Mr. Cashman also explained that the role of the NERRC would be to act as facilitator, coodinator, researchers, and financial supporters of Task Force members and any necessary consultants for the Task Force.

Report on CEC-DCLD Invitational
Learning Disabilities Caucus-December, 1975

Presenters: Dr. Thomas J. Rubino (New Jersey)
Mr. David N. Stockford (Maine)

Dr. Rubino summarized the DCLD Caucus. He stated that representatives from SEA's, teachers, administrators, journals, organizations, higher education.... were invited to participate. Dr. Rubino mentioned the group topics for discussion and also noted that Mr. Stockford reproduced copies of the caucus for Task Force members. Apparently there was some confusion in several groups because the participants had a variety of understanding of learning disabilities.

Mr. Stockford noted that all participants were expected to prepare a paper of their concerns and chose a group prior to the caucus. Mr. Stockford supported Dr. Rubino's statements regarding the outcome of the small group sessions. It was difficult, if not impossible, to reach any group consensus because people said they were not in a position to make a commitment for the group that they represented.

The following reports are summaries of each of the presentations made by the seven participants of the Task Force. The Northeast Regional Resource Center (NERRC) has responded to participants' requests to record and share this information.

As the NERRC originally requested in the task sheet, the information is organized according to the following outline: (1) update of state's statistics, (2) synopsis of state definition as it relates to the Children with Specific Learning Disabilities (C.S.L.D.) Act, 1969 P.L.91-230, (3) synopsis of state's process of identification of learning disabled children, guidelines and other relevant information, (4) synopsis of state concerns and (5) information distributed to L.D. Task Force Participants on March 24 and 25.

CONNECTICUT

Represented by Mr. Forest A. (Robert) LaValley

1. Update of Connecticut Statistics

a. Total handicapped population in 1974/75	69,504
Total handicapped population in 1975/76	79,000
Percentage of total school age population (includes four (4) year old children)	10.94%
Learning Disabled percentage of total school population	2.95%
Learning Disabled percentage of handicapped population	26.00%
Neurologically Impaired percentage of total school age population	.07%

2. Synopsis of State definition as it relates to the Children with Specific Learning Disabilities Act of 1969, P.L.91-230

The State of Connecticut utilize the CSLD 1969 definition in its entirety.

3. Synopsis of State's process of identification of learning disabled children, guidelines and other relevant information.

A general overview of the state's bureaucratic structure was given. This structure is similiar to other state structures.

State Board of Education
↓
Commissioner of Education
↓
Bureau of Pupil Personnel Services and Special Education

The Bureau of Pupil Personnel and Special Education in Connecticut are responsibile for coordinating services for exceptional children. Connecticut presently maintains the categorical approach for purposes of differentiation of children with special education needs. All special categores are mandated with the exception of the talented or gifted child.

The role and duties of the consultants in the Bureau are in the process of changing. Management needs have taken precedence over consultation needs.

Chapter 10-76, enacted in 1967, governs the special education process in Connecticut. The law mandates screening and diagnosis and that programatic recommendations be made for all children referred to special education based on their individual needs.

The Pupil Placement Team (PPT) represents a multi-disciplinary entity whose responsibility is to establish program needs, modification as well as remedial strategies for those regular and special education teachers who will be working with the children.

The law mandates that children with hearing difficulties be eligible for special education services at 2.5 years of age. All other children who are 3.8 and will turn 4 by January of the academic school year are also eligible. Exceptional children are eligible for services until they graduate or turn 21.

There has been an increase in the total number of children classified as learning disabled.

Causology for this increase is related to many overlapping variables. Listed below are a number of such variables.

I. Parental and child rights communication is available to a greater degree than ever before. Parents are becoming more knowledgeable of due process as it relates to (10-76)

II. Child advocacy, parent assist and due process procedures have assisted LEAs and parents to deal with the basic rights of both exceptional children as well as their parents or guardians.

III. A strong parental group (CACPLD) exists, well established, organized as well as active.

IV. Assessment and its availability has increased.

V. Many towns in Connecticut who did not previously respond to the 1967 mandate or who provided outside placement in lieu of LEA programming have initiated programs locally or via regional, special education services.

VI. Many LD programs presently represent generic entities. In many cases this variable suggests a philosophic shift on the part of LEAs, toward LD programming in general. Such programs deal with children with overlapping conditions, e.g., the child with emotional difficulties, the educable child with detected visual-motor perceptual difficulties etc.

VII. Early intervention and remediation remains foremost in the minds of many professionals, medical as well as educational. Many more pre-school children are being identified as exhibiting disruptions or delays in the developmental process which precurse and/or earmark probable learning deficiencies.

VIII. Secondary schools are responding to the adolescent with learning disabilities.

IX. Many families who work in neighboring states dwell in Connecticut in order to procure special education programming.

X. Many slow learning children (children who exhibit lesser degrees of potential and achievement as compared to the understanding of the child with average potential who also possesses deficient achhievement indicators) who may not require special education programming but do require strong modifications in regular programming are being recommended to LD programs and so serviced

XI. Many emotionally disturbed children are being programmed for under LD auspices.

In a study initiated in the Fall of 1975, LEAs were surveyed to determine if and what definitions and criteria were being used relative to learning disabilities. It was emphasized by Mr. LaValley, that LEAs only reported definitions. They did not indicate criteria used in identifying L.D. children. In fact, many LEAs noted that they do have and utilize criteria but have not recorded the criteria.

Investigation of models for delivery of services indicated that the resource room model is the most popular. Many children formerly in self-contained classes were reprogrammed into resource rooms. It was noted, however, that some children will still need a self-contained classroom for periods of varying time.

The itinerant/consultant model is rare but does exist in some communities.

Mainstreaming could be a cost effective and appropriate service delivery model if a strong inservice program congruent with goals and objectives of mainstreaming is provided.

4. Synopsis of State Concerns

Bob LaValley has been given two tasks by the Bureau of Pupil Personnel Services Special Education: (1) define learning disabled children and (2) develop a set of criteria to support the definition.

Other concerns noted by Mr. LaValley are as follows: (1) Criterion statements for all exceptional children should be developed (e.g. operationalized statements), (2) Consider the level of sophistication of the assessment process - is it sophisticated enough to determine criteria?, (3) Criteria will generate identification of children with learning disabilities and could help to contain the number classified to 1/6 of 12% of the handicapped population. However, we need criteria that will eventually lead us to non-categorical programming. (4) The present CSLD definition is basically fine as definitions go.

5. Information Distributed to L.D. Task Force Participants - March 24 and 25

A. Connecticut Definition of Learning Disabled
B. Connecticut Guidelines on Pupil Records (1975)
C. Connecticut Laws Related to Pupil Personnel and Special Educational Services - Winter 1975
D. Kentucky Guidelines for Programs for Children with Learning Disabilities
E. Parents Assistance Program - Connecticut Associaiton for Children with Perceptual Learning Disabilities, Inc.
F. Programs Developed for Early Intervention in Potential Learning Problems - Project MEC A
G. Special Education Data Analysis Summary, 1974/75 Bureau of Pupil Personnel and Special Educational Services
H. Suggested Procedures for Parents and Educators in Reaching Mutual Agreements on Special Education Matters - Connecticut State Department of Education.

MAINE

Represented by: Mr. David N. Stockford

1. Update of Maine Statistics

Total handicapped population	22,000
Total learning disabled population	8,600

2. Synopsis of definition as it relates to Children with Specific Learning Disabilities Act of 1969, P.L. 91-230

The State of Maine utilizes the CSLD 1969 definition. Maine includes the criteria of discrepancy between expected and actual achievement.

3. Synopsis of State's process of identification of learning disabled children, guidelines and other relevant information

The category of learning disabilities came into being in 1970. The Division of Special Education at the State Department is concerned by recent legislation (94-142) specifically regarding how it will effect districts who are legitimately providing for more L.D. children than 2% of the handicapped population ceiling.

The State has developed guidelines for identification of and delivery of services ("Program standard for the Learning Disabled"). However, local school districts are identifying between 10-20% of the school age population as learning disabled. There are several factors contributing to this growing number.

The funding structure for special education services, both federal and state, contributes to the increasing preponderance of children classified as learning disabled. Children are moved from other categories to learning disabilities if it is financially advantageous for an LEA to do this.

There is a lack of consistency in screening and other early identification procedures. This results in either over or under-identification of L.D. children in some cases.

Other contributing factors to the ever increasing L.D. population are: (1) increasing number of secondary L.D. programs, (2) increasing private school services, (3) increasing ACLD compared to declining A.R.C. membership and activities.

It was pointed out to participants that the legislative document (L.D. 965) was seen as a bill for all children who have learning problems. In essence the term learning disabilities was being used in a generic sense. This obviously has added to the confusion surrounding the entire area of learning disabilities.

Task Force participants were advised to review Maine's legislation that pertains specifically to the distribution of funds and the definition of learning disabilities.

There is currently a proposed bill pending in legislation which is modeled on Massachusetts Chapter 766 of the Bartley-Daley Act. This bill recommends guidelines that emphasize special needs and program prototypes rather than handicapping classifications and categorization. It was predicted that this could create controvery among local schools since there is still a great deal of local control and state mandates are viewed as infringements upon local control. Another reaction to watch for would be from parents who understandably equate classifications with money and services. Apparently it is feared that if definitions are omitted from the legislation, many services will be lost.

4. Synopsis of State Concerns

David Stockford mentioned several concerns that he felt should be addressed by this L.D. Task Force: (1) Develop an effective credidation system of people in special education. Possible repurcussions from the teacher associations/unions must be considered - how do we decide which teacher should serve which children. (2) Develop guidelines for accountability proof of efficacy for all special needs programs, especially for private school. This concern relates also and especially to secondary and early education programs. (3) Develop consistent guidelines from state to state so that if a child has special needs in one state he will be recognized as having special needs in another state. (4) Attend to learning problems of children and adolescents in delinquent centers or who have dropped out or are potential school drop-outs.

The State of Maine as noted above, is concerned about the current Federal legislation, P.L. 94-142, the 2% cap on federal reimbursement monies for C.S.L.D. and the exclusion factors in the current definition. Should the state deal with a district which may have 4% of the special needs children as being L.D. while another district may have 0% because parents have moved to the former specifically to attain services for their L.D. child.

Mr. Stockford recommended that the Task Force receive some interpretation of P.L. 94-142 and guidelines for its implementation.

Another concern is the development of criteria that will facilitate identification of a child's special needs.

5. Information Distributed to Learning Disabilities Task Force Participants - March 24 and 25

A. Program standards for the Learni .g Disabled
B. Reference was made to Regulations for Special Education Services, copies of which were distributed to representatives from the seven states at the 1/76 Stowe, Vermont Conference.

MASSACHUSETTS

Represented by: Ms. Carolyn Hamlet

1. Update of Massachusetts Statistics

There are no percentages or other statistics for children classified as learning disabled since the Commonwealth of Massachusetts "finds that past methods of labeling and defining the needs of children have had a stigmatizing effect and have caused special education programs to be overly narrow and rigid, both in their content and their inclusion and exclusion policies." One of the prevailing purposes of Massachusetts' landmark legislation, referred to as "766", is to provide a flexible and nondiscriminatory system for identifying and evaluating the individual needs of children requiring special education. (Bartley-Daly Act, 766, Massachusetts Regulations, p. II.)

2. Synopsis of state definition as it relates to the C.S.L.D. Act of 1969, P.L. 91-230.

The Commonweath of Massachusetts does not recognize the practice of labeling students as being educationally relevant, humanistically acceptable or legally permissable under state law.

Massachusetts in its "766" regulations sets forth the following definition of a "school age child with special needs": a school age child who has been determined by the Administrator of Special Education to need special education services, in accordance with the provisions of paragraph 321.3, or has been referred to a program described in paragraph 502.7 (home or hospital program). Such determination or referral must be based upon a finding that a school age child, because of temporary or more permanent adjustment difficulties or attributes arising from intellectual, sensory, emotional or physical factors, cerebral dysfunctions,perceptual factors, or other specific learning disabilities, or any combination thereof, is unable to progress effectively in a regular education program and requires special education. Children of ages three and four shall qualify as children with a substantial disability, as defined in paragraph 124.0, if a CET determines that there is a reasonable likelihood that when such children enter kindergarten they will be school age children in need of special education services as defined in the preceding sentence. (Bartley-Daley Act, Chapter 766, Mass. Regulations, p. II.)

3. Synopsis of state's process of identification of learning disabled children, guidelines and other related information.

As stated previously, Massachusetts does not utilize specific categories. Massachusetts identifies all children who demonstrate a special need rather than according to characteristics of a label.

Contained in the regulations of "766" is the process by which all special needs children in the Commonwealth are referred, evaluated and educationally serviced. This process is not in any way determined by educational labels.

Massachusetts' alternative to the classification of children is to describe a student in specific performance terms (i.e., what the student can do) and to classify service delivery according to the amount of time a student spends out of the regular education program (See "766" Regulations Excerpt, Section 502.0 Program Prototypes).

The CORE Evaluation is the interdisciplinary system which processes information pertinent to the development of an educational plan. Depending upon the needs of the student and the request of the parents the special education administrator may elect to initiate any one of two types of "CORES", the difference being in the interdisciplinary composition of each. A "full CORE" consists of:

1) A chairperson.
2) A registered nurse or social worker or certified guidance or adjustment counselor.
3) A certified psychologist.
4) A physician.
5) A certified or approved teacher who has recently had or currently has the child in a classroom or other teaching situation.
6) An administrative representative of the local school department.
7) A parent of the child.
8) The teacher who will be primarily responsible for teaching the child as soon as the identity of such teacher is known.
9) The primary person, if any, who will be assisting the teacher in implementing the child's educational plan as soon as the identity of such person is known.
10) Upon the request of the child's parents, and at their expense, any professional outside the school system who is currently working with such child.
11) An approved vocational educator, as deemed necessary by the CET chairperson, when the child to be evaluated is of ages sixteen through twenty-one.
12) The child, at his/her request, if such child is of ages fourteen through twenty-one.

(See Chapter "766" Regulations for a more detailed description).

A partial or intermedicate CORE is composed of anything less than the above. If it is suspected that the student will spend more than 25% of her/his time out of the regular classroom a full "CORE" shall be provided. Since all students do not require a full evaluation, parents may elect to have a partial evaluation. Parents and school personnel always have the option of requesting and receiving a full "CORE".

The CORE evaluation process is composed of five major stages: (1) referral (2) pre-evaluation, (3) evaluation, (4) development of educational plan and (5) development and implementation of the service delivery plan. The purpose of stage three, evaluation, is to determine through non-discriminatory assessment techniques exactly what the student "can do" and under what conditions, e.g. the student can add two one digit numbers on an abacus when working in a group of no more than three peers. All assessment results must describe the student in performance terms and should serve as the sole basis on which educational objectives are determined.

Objectives receive a priority rating which assists the Sped Administrator in the placement of program emphasis. Stage four and five culminate in the completion of the ed plan form which will be mandated for use by all Massachusetts' LEAs by September 1, 1976.

Emphasized thoughout all processes are parental involvement and a coordinated team approach. This does not mean that parents decide in what program the educational objectives are to be met, though recommendations shall be made. Both parents and school personnel, however, are legally bound to arrive at program recommendations/services which afford the student the least restrictive educational environment possible. Thus, if an objective stated in the ed plan could be met in both a regular and a special class, the special education administrator is obligated to provide regular class placement. A "sign-off" from the Sped Administrator or building principal assures the delivery of this service to the student.

State reimbursement for programs is by amount of time spent in meeting objectives or by program prototype. Services are categorized by the state according to program prototype.

Ms. Hamlet was asked to provide additional information regarding the reimbursement procedures. She was also asked to respond to questions pertaining to the appeal procedures, specifically the length of time involved in the appeal process, and the monitoring process, if any, of the State Department of Education.

In general, parents seem to support Chapter 766 and its philosophy. Parents do not seem to feel as though services have decreased simply because labels are not used.

4. Synopsis of State Concerns

Ms. Hamlet suggested that the two Task Forces, Learning Disabilities and Nondiscriminatory Assessment, overlap in many ways. The Task Forces could in fact be combined. At the very least information should be shared between Task Forces and a purposeful attempt at coordination should be made.

The following concerns were stated in a paper presented to Task Force participants on March 24.

"Issues arising from use of this alternative procedure Chapter 766 have thus far centered around:

1. pre-service and in-service training of psychologists, teachers, administrators etc. in all regular and special education settings

2. reimbursement which is based upon federal categorization of students rather than a continuum of services (in Massachusetts, prototypes)".

Unfortunately, Ms. Hamlet was not able to be present for our round table discussion on March 25. We hope that the above concerns are stated accurately and that other concerns have not been omitted.

5. Information Distributed to L.D. Task Force on March 24.

A. CORE Evaluation/Educational Plan Concept - 1974
B. CORE Evaluation Process: Major Stages and Key Decisions
C. "Legislative Definitions of Learning Disabilities Roadblocks to Effective Service from J. of L.D., Vol. 8, #10, 10/75. (see also Information Package.)
D. Massachusetts (summary of 766 and issues)
E. "Chapter 5 - Programs" from Regulations 766.
F. Regulations 766-Massachusetts Department of Education
G. Bartley-Daley Act, 766, Massachusetts, 1972
H. Pub. Law 94-142 (11/29/75) sec. 617, 618 relative to "administration" and "evaluation".
I. "Some observations on Non-Discriminatory Assessment" by James E. Yeseldyke presented at National Planning Conference on Non-discriminatory Assessment for Handicapped Children.

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NEW HAMPSHIRE

Represented by: Ms. Caren Schubart

1. Update of New Hampshire statistics

Total school age population in 1975/76	176,958
Total handicapped population in 1975/76	7,908
Total Learning Disabled population in 1975/76	3,019

Learning Disabled Breakdown

Public Programs	2,308
Private Program in state	571
Developmental Class	19
Reported after census deadline	114
Out of state	7
Total	3,019

2. Synopsis of state definition as it relates to the Children with Specific Learning Disabilities Act, 1969, P.L. 91-230.

Children in New Hamsphire who are classified as learning disabled actually fall under the broader category of physically handicapped. Children up to 21 years of age who are physically handicapped may fall within several categories: hearing handicapped, vision handicapped, speech disorders, and neurological impairment. The category of learning disabled presently comes under neurological impairment and at this time a medical statement is not required even though categorized in the large group of physically handicapped.

The definition for physically handicapped as defined by the state "Standards for the Education of Physically Handicapped" is as follows:

"Physically handicapped" shall mean a child up to twenty-one years, married or unmarried, whose activity is or may become so far restricted by physical defect or infirmity, however caused, as to reduce his normal capacity for education or self-support, or both.

The definition for learning disabled is as follows:

Children with one or more significant deficits in essential learning processes requiring remediation through special educational techniques. A child in this category generally demonstrates a discrepancy between expected and actual achievement in receptive or expressive language and/or spatial orientation. Learning disability is not primarily the result of sensory, motor, intellectual, or emotional handicaps, nor is it the result of the lack of opportunity to learn. However, learning disabled children are sometimes seen displaying the above handicaps in addition to their learning disability.

New Hampshire is in a transitional stage and realizes that this problem of defining perceptual learning problems must be dealt with. Positive steps now are being taken to deal with the following:

1. Developing a separate definition for learning disabilities which distinguishes between the perceptual handicapped which are diagnosed educationally and neurologically handicapped which are diagnosed medically.

2. Teacher certification which would include competencies in specific areas working in conjunction with the State Special Education Section.

3. Personnel from the post secondary institutions in New Hampshire are meeting regularly with the office of Certification and the State Special Education Section. This is to deal with training in specific competencies.

3. Synopsis of states process of identification

Actually the category L.D. is interpreted rather loosely by school districts and the number within this category is rapidly increasing every year.

Besides the loose interpretation, another contributing factor to the increase of L.D. children is that the "slow learner" category was eliminated. Children who were formerly in this category are still in need of services and the L.D. category is often used to provide services.

It was pointed out that schools have a great deal of control in deciding whether or not to provide special services. Local schools support their own programs and often do not always know the amount of fiscal reimbursement they will receive from the state. The state reimburses only for severly handicapped children and not for L.D. and E.M.R. Programs are funded by the local school district. The State Department makes recommendations not mandates to the local districts.

The state does not reimburse for each handicapped child because the state does not have the funds and the legislature has not appropriated erough funds. In some cases parents may pay the above average tuition cost for special services.

When a child is considered for classification, the state recommends that the parents and school officials meet to discuss the planning and placement recommendations of the Placement Team. There are no guidelines from the SEA for the identification of and planning for learning disabled children. Generally the LEA develop its own guidelines. Many disadvantaged students who fall under the Title I assistance program have been found to have perceptual problems affecting reading, math and other areas of learning. Children with perceptual handicaps which result in learning problems are often helped in resource rooms located in regular schools and are grouped according to similar skill levels.

Guidelines given to the local school board for (189:11-b) Learning Disability Teacher. The school board of each school district may provide the services of a learning disability teacher under such conditions and with such exceptions, as the State Board of Education may prescribe.

A learning disability teacher may be found in a resource room and act as a resource learning consultant to the classroom teacher.

These learning disability teachers have been trained in using both formal and informal educationally diagnostic tools and in identifying students with learning problems. Their training also includes developing educational plans in the use of special materials and methods in order to implement the prescribed plan.

4. Synopsis of state concerns

The State of New Hampshire is concerned about the identification of all children who are in need of special services. In school year 1975/76 there was a 5% increase and thus far New Hampshire has barely identified half of the handicapped children.

The L.D. definition presently used in the state is very restrictive in many ways since it is in the broad category of physically handicapped and further categorized under neurological impairment. The C.S.L.D. definition does not help clarify the population. Also medical criteria is not appropriate since many LD children cannot be medically defined. The state would like to develop a set of consistent guidelines for the identification of children with perceptual or learning problems which are educationally assessed. From there on, the main emphasis should be on providing services at an operant skills level in the least restrictive envirionment that is most conducive to the learning needs of the individual student.

Concern was also expressed about the current P.L. 94-142, specifically the 2% cap on federal reimbursement for L.D. children.

5. Information distributed to L.D. Task Force participants March 24 and 25

A. Standards for the Education of Physically Handicapped (copy given to NERRC - will be mailed to participants along with summary).

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NEW JERSEY

Represented by: Dr. Thomas J. Rubino

1. Update of state statistics

   A. Refer to NERRC "Survey of L.D. Definitions".

   B. Reaction to "Survey of L.D. Definitions".

      Dr. Rubino noted that quantitative data was outdated. It was suggested that there is an overload of L.D. children in the state.

2. Synopsis of State definition as it relates to the Children with Specific Learning Disabilities Act of 1969, P.L. 91-230

   The Rules and Regulations Pursuant to Title 18A, Chapter 46, New Jersey Statutes, (June 24, 1970) Title 6, Chapter 28 New Jersey Administrative Code states:

   A child shall be considered to be perceptually impaired who exhibits a learning disability in one or more of the basic processes involved in the development of spoken or written language but which are not primarily due to sensory disorders, motor handicaps, mental retardation, emotional disturbance or environmental disadvantage. The disabilities are manifested in the perceptual areas involved in listening, thinking, speaking, reading, writing, spelling, and the study of arithmetic.

   The state has a separate category for neurologically impaired children:

   A child shall be classified as being neurologically impaired as a result of an examination which shows evidence of specific and definable central nervous system disorder. The procedure to determine such impairment shall be administered by a person qualified in the field of neurology. This disability shall be determined by the basic child study team to be related to impairment of the educational functions of the pupil.

3. Synopsis of state's process of identification of learning disabled children, guidelines and other relevant information

If a child is classified, whatever the category may be, the child must have a complete evaluation by a basic Child Study Team. The basic Child Study Team is composed of a certified Social Worker, Psychologist and Learning Consultant acting in consultation with a physician. However, every child who is in need of special services need not have a full Child Study Team Evaluation. Any member of the basic team may intervene to the extent that it is necessary. In some cases only one team person is involved with a child. If a child, a teacher or the parents need assistance, classification is not necessary.

New Jersey has gone from categorical certification to a generic certification which is now called "Teacher of the Handicapped" Certification. The training programs for teachers, however, are not necessarily generic. For example, emphasis in one program may be in the area of retardation.

Another type of certification is issued to Learning Consultants, Psychologists and Social Workers. This certificate is called the Educational Services Certificate. In essence, New Jersey recognizes the need to provide supportive services to general education.

The state recently mandated new legislation called a "Thorough and Efficient System of Free Public Schools" which insures that every child be provided the opportunity of a thorough and efficient system of education. The state makes recommendations for providing a "T&E" education. However, the SEA may have difficulty in monitoring these new regulations.

In 1970, the state developed guidelines for perceptually impaired programs. These guidelines did not help clarify matters. Participants were referred to a Report on Perceptually Impaired Children in New Jersey Public School. A committee surveyed existing practices in New Jersey in order to determine the effectiveness of existing criteria. The study indicated that the state criteria were not consistently adhered to by local district child study teams. "Further, the criteria did not appear useful in assisting the local child study team in identifying, classifying and programming for the perceptually impaired child since the characteristics listed in the criteria were disregarded in determining classification especially in two significant areas - intellectual functioning and cognitive levels of thinking". (Report of P.I. Children in N.J. Public Schools)

Dr. Rubino stated that children in the neurologically impaired category will easily fill the 2% recommended percentage of L.D. children. He further stated that the other children should be taken care of by general education. The child study team would provide support for general education.

Dr. Rubino would like to see a coming together of general education and special educaiton. Special education should share its expertise regarding individualization and general education should share its expertise regarding normalization. One step towards this goal is apparent in the greater use of the resource room concept as a service delivery model. The concept of resource room implies that the teacher rather than the child is the client.

4. Synopsis of state concerns

The following is a listing of concerns presented by Dr. Rubino. He noted that these reflect his professional concerns. They may or may not reflect state concerns.

A. Attempting to redefine or develop a new definition will keep us from the more appropriate task of attacking the entire classification system.

B. There is not a great deal of concern about developing a new definition because it will be just as unwieldy.

C. There should be a refocusing of the dual structure of special education and general education. Development of unified educational system should be considered.

D. Therefore our delivery system should not always assume that the problem is with the child. Rather it should look for the mismatches.

E. There needs to be a change in the funding patterns for special services. Present patterns perpetuate the existing classification system.

5. Information Distributed to L.D. Task Force Participants - March 24 and 25

A. Application for Approval of Special Program Grouping of Perceptually Impaired Pupils

B. Criteria for Placement of Individuals in Special Education Programs for Perceptually Impaired

C. Data for Classifying and Providing an Educational Program for Individual Perceptually Impaired Pupils

D. Education of Handicapped Children

E. Education of Handicapped, Title 18A Chapter 46 and Amendments, N.J. S.A.

F. Learning Consultant Handbook

G. A Learning Consultant Model. The Conceptualization for the Development and Implementation of a Professional Role, "Chapter 2 - Rationale" unpublished doctoral thesis by Thomas J. Rubino

H. Mainstream Education in New Jersey

I. N. J. Administrative Code, Chapter 28 (Special Education Rules and Regulations)

J. N. J. State Guidelines for Developing Educational Plans

K. Report on Perceptually Impaired Children in New Jersey Public Schools.

RHODE ISLAND

Represented by: Ms. Carol Filippi

1. Update of Rhode Island Statistics

School Age Population as of October, 1975

Public Schools	176,240
Parochial Schools	25,316
Independent Schools	4,706
State Operated Schools	1,549

Neurologically Impaired as of April, 1975	620
Learning Disabled as of April, 1975	3,421
Total Handicapped population as of April, 1975	15,354

2. Synopsis of Rhode Island's definition as it relates to the Children with Specific Learning Disabilities Act of 1969, P.L. 91-230.

At the present time Rhode Island is still operating under Regulations - Education of Handicapped Children which were adopted on December 19, 1963. Within these regulations, the term learning disabled is not used.

"Exceptional Handicapped Children is defined to include children who are emotionally handicapped, mentally retarded (educable, trainable, severe and profound); physically handicapped (health impaired, hearing, homebound, neurologically, orthopedically, speech aphasic, and visually); and multihandicapped."

The State Department of Education is, and has been, in the process of drafting new state regulations since June of 1973. In January, 1976 the Fourth Draft of these proposed regulations was presented to the Regents Sub-Board on Special Populations. In these proposed regulations, "the Learning Disabled definition is the same as that in the Education For All Handicapped Children Act of 1975 (Public Law 94-142).

3. Synopsis of Rhode Island's process of identification of learning disability children, guidelines and other relevant information

There is no official process of identification of learning disability children. In the same Fourth Draft of Proposed Regulations there would be a process. This process would apply to all categories of handicapping conditions and not specifically to identification of learning disability children. It would appear that much of this process is also mandated in the stipulations that resulted from the recent class action suit brought against the R.I. State Department of Education. The following is an outline of the proposed process:

Referral

a. Direct Referral - Referral of any child suspected of having a handicapping condition may be initiated by the child's teacher to the school principal. The school principal shall make referral to guidance and psychological services or any other appropriate specialists in the school district and/or to the school district administrator of special education; or such referrals may be made directly to the school district administrator of special education by any person having professional dealings with or legal custody of the child.

b. Indirect Referral -- Referral for evaluation assessment as a result of school district screening programs.

   1. All preschool children (C.A. 3-5) residing in the school district shall be screened for handicapping conditions.

   2. All school-aged children residing in the school district shall be screened for vision, hearing, health, and speech. In addition, all school-aged children shall be screened for any other handicapping conditions upon initial entry into the school district.

c. Compulsory Referral - Referral for evaluative assessment shall be made when a school-aged child exhibits any of the following characteristics:

   1. Failure of the child in two (2) or more academic subjects at midterm.

   2. Failure of the child to be promoted at the end of the school term.

   3. Frequent suspension of the child from school.

   4. Exclusion of the child from school.

   5. Frequent unexplained absences of the child from school.

   6. Demonstrations of any negative change in the alertness, learning or behavioral capacity of the child upon his/her return to school after an illness or accident.

Parental notification - Notification of the parent(s) regarding the pending evaluation process shall be made whenever a child is referred for full-core or intermediate evaluation assessment of a suspected handicapping condition. Within five (5) consecutive school days of receipt of such a referral, the school district administrator of special education shall give verbal and written notification by registered mail to the parent(s) of a referred child in English, or in translation if the language spoken at home by the parent(s) is other than English. The notification shall inform the parent(s) of the child's suspected difficulty and solicit parental cooperation in the evaluation process. At no time shall any evaluation assessment, as hereinafter described, be carried out without the express or implied consent of the parent(s). Such notification shall also contain the following:

a. An explanation of the evaluation process.

b. An authorization signed by the parent (s) to release information to personnel participating in the evaluation process.

c. The date, time and place of the case conference at which the results of the evaluation assessments will be reviewed and educational program planning will take place. The case conference will be no later than ten (10) consecutive school days following completion and analysis of the evaluation assessments.

d. An invitation to meet with the school district administrator of special education prior to the initiation of the evaluation process if there is a need for further clarification as well as an invitation to participate in the case conference when the results of the evaluation assessments are reviewed and a formal educational program is planned. The parent(s) may be represented at the case conference by persons of their choice.

e. A statement that a complete explanation of the results of the evaluation review and the details of the proposed educational plan will be mailed to them no later than five (5) consecutive school days following the case conference.

Evaluation Assessment Process

a. The Core Evaluation Team - The evaluation assessments shall be coordinated by the school district Core Evaluation Team chaired by the school district administrator of special education or his/her designee. The Core Evaluation Team shall include but not be limited to: the school psychologist, a speech/language pathologist, a special educator trained in educational diagnosis appropriate to the handicapping area being evaluated, a school social worker, and a physician or his designee (such designee can only be another physician) and any other personnel deemed necessary by the examiner(s).

b. Evaluation-Assessment Instruments - Evaluation assessment procedures, utilizing methods, techniques and materials which are culturally unbiased, insofar as possible, and which are appropriately adapted to each age level, shall be used in identifying and describing children with handicapping conditions. Assessments shall be individually administered in the child's spoken and written language, if possible.

4. A. Synopsis of Rhode Island's concerns and/or problems in the area.

The lack of any official statewide definition and regulations in the area of learning disability children is the chief concern and problem at the present time. Because federal and local funds have been used to start learning disabilities services in many local communities throughout Rhode Island, R. I. is experiencing all the problems of this growing discipline but has no existing guidelines or structure.

The local communities appear to be struggling with all the components of the nation-wide problem. The following is an outline of some of their concerns:

1) specific definition of learning disability

2) program entrance and exit criteria

3) attitude of learning disability teachers, e.g., feelings of isolation and lack of success

4) inadequate program evaluation

5) fragmentation of services

6) flooding of resource programs so that those who have a legitimate need for service do not receive adequate programming

7) special education should not relieve the responsibilities of regular educators by accepting all education problems

8) use of term learning disability to cover up multitude of problems such as emotional disorder, lack of motivation, inadequate regular education or limited intellectual potential

4. B. Ms. Filippi also verbalized additional professional concerns. She noted that the L.D. definition is often misused and overused because of its cosmetic value. Organizations which perpetuate the myths surrounding learning disabilities do not help the problem. Ms. Filippi noted that she would be happy without any learning disability terminology. It is especially unfortunate that special education funds are often misappropriated because of the overwhelming number of children classified as learning disabled.

5. Information distributed to Learning Disability Task Force Participants March 24 and 25

A Fourth Draft of Proposed Regulations for Special Education (partially included in body of this report).

VERMONT

Represented by: Mr. Ken Baker

1. Update of state statistics

Total school age population	116,000
Mildly handicapped children (L.D.,EMR,ED.)	9,000
Percentage of total school age population	8%

2. Synopsis of state definition as it relates to the Children with S.L.D. Act of 1969, P.L. 91-230

Vermont does not utilize a definition for learning disabilities. Rather it utilizes a broader category of learning and/or behavioral problems.

"The term specific learning disabilities has given way to a broader category of children with special needs in Vermont called learning and behavioral handicaps. This category of handicapped learner also includes children traditionally labelled as emotionally disturbed and mildly mentally retarded. According to the Vermont definition, children with learning and behavioral handicaps represent at least 8% of the total school age population. These are the children who demonstrate the most significant discrepancy between their current rate of learning minimum essential language, reading, arithmetic, and/or social skills and the rate that would enable them to function happily and productively in school and society.

The discrepancy between the child's current rate of learning and the minimum rate required is reliably measured by criterion referenced tests and direct observation procedures. The data becomes the basis for determining eligibility for services delivered by learning specialists called Consulting/Resource Teachers".

3. Synopsis of state's process of identification of learning disabled children, guidelines and other relevant information.

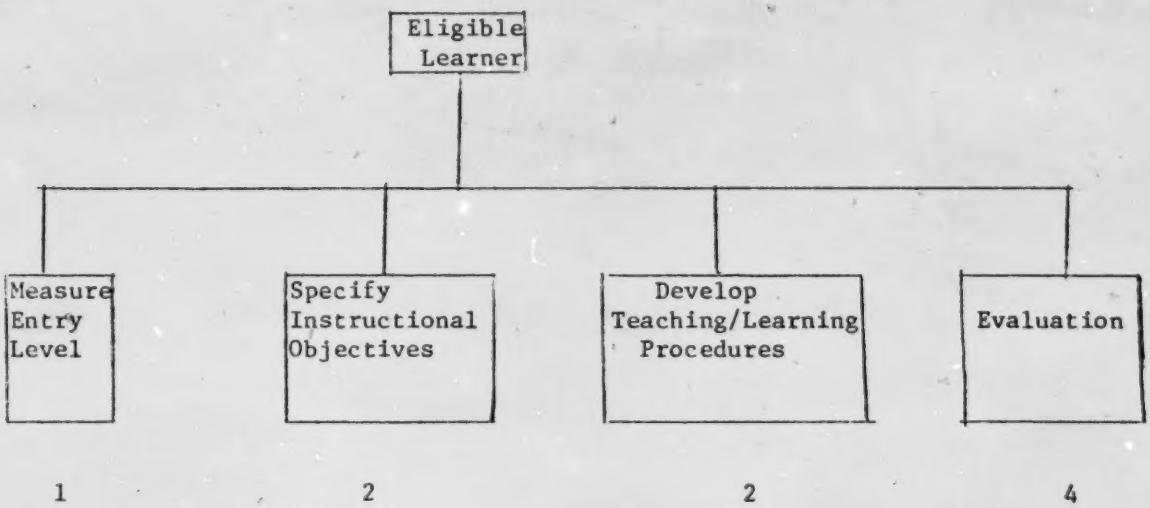
Vermont utilizes the Consulting Teacher model which is an individualize data based model of instruction. This model is implemented by the cooperative efforts of the Vermont State Department of Education, the University of Vermont and local school districts. The consulting teacher is trained to assist classroom teachers and parents to provide special services for mildly handicapped children who are not achieving minimum essential skills at an acceptable rate.

Consulting teachers receive 60 graduate hours of training with an intensive practicum component. Upon completion of the necessary requirements and demonstration of skills through a competency exam, consulting teacher certification is issued. Consultant teachers are skilled in classroom management, task analysis, instructional programming, direct measurement procedures, applied behavior analysis, and consultation.

Consultant Teacher Programs provide services for 8% of the elementary school age population and 5% of the preschool propulation. Consultant teachers provide a variety of services to schools, teachers, parents and children. Services may take the form of consultation, workshops and graduate courses. It was pointed out that teachers and other interested people do not need to take courses at the University but can take graduate courses within their school district which can be applied toward a special education component of an M.Ed. degree.

Consultant teachers assist schools in establishing minimum instructional objectives representing basic skills areas. The model shown here was used by Mr. Baker to demonstrate the service delivery model.

Individual Data Base Model of Instruction



It was noted that teachers are receptive to the Consultant/Teacher Model especially where it has been in operation for a while. The model allows all children to profit rather than just a few classified children. There is easy access to and exit from special education.

A team composed of the consultant teacher, the parents, school administrator, teacher and other needed specialists work together to develop an educational plan for the child in need of special services. The teacher always helps to develop the educational plan and participates in the implementation of the plan to the maximum extent possible.

Minimum objectives (behavioral descriptions) are established for each child. Each LEA develops its own minimal essential skills with assistance from the consultant teacher. Achievement levels do not result in labeling children. They are used to facilitate educational movement. Children receive services based on need not because of a label. If reasonable progress is not made in a regular class then other alternatives are considered.

Mr. Baker shared various data to coroborate the success of this service delivery model. It was noted that the Consultant Teacher Model has been shown to be: 1) cost effective, 2) noncategorical, 3) educationally effective. When the Resource Room Model was compared to the Consultant Teacher Model it was noted that less money was spent per child and more teachers were serviced using the C.T. Model. There has been a noticeable increase in services. Consultant teachers offer a flexible and consistent approach to special education.

Consultant teachers are partially funded by the state and are associate faculty of the University of Vermont. At the present time 26 of 56 Supervisory Unions have C.T.'s. The number of educators receiving consulting teacher training has been accelerated to assist in meeting the full services goals in P.L. 94-142.

4. Synopsis of state concerns

Vermont is utilizing the Consulting Teacher Approval in an attempt to breakdown categories and the use of labels. The State of Vermont is fearful of criteria that would require exotic testing for the identification of children with learning disabilities.

5. Information distributed to L.D. Task Force Participants - March 24 and 25

A. Mainstreaming, a cooperative effort

B. Ways Consulting Teachers can serve you and things Consulting Teachers do

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SYNOPSIS OF STATES' DEFINITIONS AND GUIDELINES

	STATE DEFINITION	C.S.L.D. (1969) P.L. 91-230	PER CENT OF CHILDREN CLASSIFIED S.L.D.	STATE GUIDELINES FOR IDENTIFICATION OF S.L.D.	STATE GUIDELINES FOR PERSONNEL PREPARATION
Connecticut	C.S.L.D. 1969	Total adoption	* L.D. = 2.95% * N.I. = .07% 1974-75 school year * of total population 26% handicapped population	Determined by LEA Planning and Placement Team. - 9/76 target date for new guidelines	Tri certification
Maine	C.S.L.D. 1969 - Discrepancy between expected and actual achievement.	Adoption	8,600 L.D. 22,000 handicapped	By SEA "Program Standards for the Learning Disabled"	Categorical certification Learning Disabilities Teacher Certification
Massachusetts	No definition - Special needs as generic category.	Rejected	N.A.	CORE Evaluation Process for all children. - full evaluation - 5 stages - partial evaluation - anything less than 5	SEA is developing competencies rather than categorical certification.
New Hampshire	Within larger category of physically handicapped. - Discrepancy between academic ability and performance in expressive or receptive language and/or spatial orientation. - One or more significant deficits in essential learning process.	Not used	L.D. = 3,019 Total school population = 200,000	Psychoeducational evaluation - No specific process for L.D. from SEA - determined by LEA.	Certification - Teacher of Perceptually Handicapped comes under Physically Handicapped.

	STATE DEFINITION	C.S.L.D. (1969) 91-230	PER CENT OF CHILDREN CLASSIFIED S.L.D.	STATE GUIDELINES FOR IDENTIFICATION OF S.L.D.	STATE GUIDELINES FOR PERSONNEL PREPARATION
New Jersey	Perceptually Impaired Neurologically Impaired	C.S.L.D. with modifications - perceptually impaired.	P.I. + N.I. = 1.3%	Child Study Team Evaluation - SEA program guidelines for assessment and programming.	Educational Services Certification for: School Social Worker, Learning Consultant, and School Psychologist. - New certification for Learning Consultant - Generic certification: Teacher of the Handicapped
Rhode Island	No definition - Operating under 1963 regulations. - 4th draft for new regulations pending.	Not used	L.D. = 3,421 N.I. = 620 Handicapped population = 15,354	Proposed	CORE Evaluation Team proposed. New certification proposed.
Vermont	No definition for L.D. - Use broader category of learning and/or behavior problems.	Not used	9,000 mildly handicapped	Consulting Teacher - Individual data base model of instruction.	Consulting teacher must meet requirements for professional standard certification as an education specialist and a consulting teacher certificate.

CONCERNS EXPRESSED BY TASK FORCE MEMBERS
March 24-25, 1976

	Connecticut	Maine	Mass.	New Hampshire	New Jersey	Rhode Island	Vermont
1. Need to develop criteria where none exist to obtain reimbursement.				X			
2. Need to develop criteria where none exist to maintain number of L.D. children at 2%.	X	X		X			
3. If necessity for definition, should refine or develop new definition that is one of inclusion rather than exclusion.	X	X		X			
4. Address classification system itself - - does definition keep us from task - should there be generic terminology.	X	X		X	X	X	X
5. If non-categorical approach used, need to develop criteria for delivery of services to all special children (e.g. Mass. 766, California).	X	X		X		X	
6. Examine quality of assessment - level of sophistication (program entrance and exit requirements).	X	X		X		X	
7. Examine quality of programming - including program evaluation, accountability, efficacy of special education.	X	X		X	X	X	X
8. Need to develop assessment model that describes how child learns and that examines match between child and existing educational environment for purposes of developing educational plan.	X			X	X	X	
9. Need consistent criteria for all SEAs.		X		X		X	
10. Avoid fragmentation of services - - develop competencies and standards for personnel - delineate responsibilities of various personnel	X	X		X	X	X	

		Connecticut	Maine	Mass.	New Hampshire	New Jersey	Rhode Island	Vermont
11.	Need for inservice training of psychologists, teachers, administrators, etc. in all regular and special education settings.	X		X				
12.	Reimbursement should be based on continuum of services rather than upon categorization.			X				
13.	Need to refocus or abolish dual structure of special and regular education.				X	X	X	
14.	Need interpretation for the implementation of P.L. 94-142.		X		X			
15.	Combine and/or coordinate between LD Task Force, Non-Discriminatory Task Groups.	X		X				

MISCELLANEOUS OBSERVATIONS
(From March 24-25, 1976 Meeting)

1) Increase in learning disabilities numbers due to :

   a. more informed parents (due process) and active parent groups

   b. more junior high and secondary programs - in some cases new programs - child classified formerly as ED, EMR..... are being programmed in learning disabilities

   c. new preschool programs

   d. learning disabilities terminology has been used in generic sense

   e. creation of learning disabilities category in some states

   f. elimination of "slow learner" theory

   g. crossover between categories (e.g. delinquents↔LD, ED↔LD)

   h. there are many definitions for learning disabilities but few operational criteria

2) See same programming needs for different categories of children, especially "mild" categories (e.g. MR, ED, LD, Speech and Language).

3) Resource Room instruction is becoming an ever increasing method of delivery of services to children with special needs.

4) See need for comprehensive inservice training to implement real mainstreaming.

5) See need for ever increasing inservice for regular educators on a variety of levels: teachers, administrators, school committees, parent groups....

6) Would like a generic definition that allows for description of skills and behavior of child and the existing environment vs. a negative or disability category.

7) Would like to abolish dual structure of 1) regular education and 2) special education and do away with categorical definitions. Regular education should assume responsibility with support from educational consultants.

8) Use categories in regulations for reporting purposes but have non-categorical placement procedures.

9) Advocacy groups want and support use of categories.

10) Advocacy groups support a noncategorical approach.

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Round Table

At the conclusion of the state presentations, a brief time period was allowed for comments and discussion.

A heated, constructive "debate" ensued that centered on whether the Task Force should concern itself with a professional statement emphasizing what was considered the ideal, or whether it should treat the existing system and make recommendations and comments pertaining to it.

It was suggested that the Task Force Statement could reflect both of the above if it structured its discussions to reflect long range and immediate objectives.

CLOSING REMARKS

It is quite apparent from the involvement of all Task Force members that this initial meeting was quite productive on two levels. First, the sharing of information and concerns was viewed as both necessary and helpful. Second, in the short amount of time that was left for discussion, an attempt was made to identify regional concerns. The members seemed to recognize that each state would logically have its own unique problems. However, it was also recognized that certain commonalities were surfacing.

As a result of this initial meeting and the need expressed by participants, the Region 9 Task Force on Learning Disabilities will reconvene on May 19 and 20, 1976 in Hartford, Connecticut.

Utilizing information presented in this summary, or working papers, as well as other data disseminated during the initial meeting, each Task Force participant will develop a position paper or statement of concerns. Each of these seven papers will be shared at the May 19-20 meeting. The Task Force will then attempt to develop a regional position paper on May 19 and 20. The Task Force is aware that a national committee is charged with developing criteria for the identification of learning disabilities by November 1976. Therefore the Region 9 Task Force is anxious to have some input to SEA's and B.E.H. prior to November 1976.

It is worth noting that the group left on a very positive note. The members are concerned to the point that they have made a committment to work on this task. The professional committment is indeed commendable.